|                         | E. J.E.A.   |  |          | -        | 41             |   |  |                |                   |
|-------------------------|---|--|----------|----------|----------------|---|--|----------------|-------------------|
| =                       | Food Esta   | blishm   | ent      | Ins      | pectio         |   | The second                                   | Page           | 1 of              |
| Establishment Nan       | ,   |  |          |          |                | City:                                       | State:                                       | Zip Cod        | ie:               |
| WNMC                    | 2111 Lobo   | Caryo  | m A      | 21       |                | Grants                                      | NM   | 87             | 020               |
| Permit #:               | Permit Expiration Date: Phone:  |  |          | Ema      | il:            |   |  | Est. Ty        | pe:               |
| 000115                  | Oct 2019  |  |          |          |                |   |  | -              | 7                 |
| A HER                   |   | Purpo  | se of In | speci    | tion:          |   |  | Risk Catego    | nrv.              |
|                         | Governed by State Regulation 7.6.2 NMAC   | I — .  | re-Oper  |          | Annual         | Compla                                      | int L Closing                                |                |                   |
|                         | ED Environmental Health Bureau<br>Tijeras Ave. NE, Albuquerque NM 87102                     | o  | pening   |          | Re-insp        | ection Investig                             | gation CAR                                   | Time in:       | 10:46             |
| Obras Sires             |   |  | ther     |          |                | perational                                  |  | Time Out:      | 12:36             |
|                         | FOODBORNE ILLNESS RI  |  |          | ND       | PUBLIC I       |   |  | Singles Min 18 | 758 4 3           |
| Circle designing        | nated compliance status (IN, OUT, N/O, N/A) for each OUT=not in compliance N/O=not observed |  |          |          |                |   | 'in appropriate box for                      |                |                   |
| III-III Compilance      | Compliance Status   | N/A=not  | os R     | ие       |                |   | site during inspection                       | R=rep          | peat violation    |
|                         | Supervision   |  | 300      |          | 2018           |   | n from Contaminat                            | ion            |                   |
| 1 IN OUT                | Person in charge present, demonstrates knowled performs duties                              | dge, and   |          | 16       | INOUT          |   | sition of returned, pr                       | reviously serv | ed,               |
| 2 IN OUT N/A            | Certified Food Protection Manager   | 1-2/-  |          |          | IN OUT N/A     |   | t, & unsafe food<br>surfaces; cleaned &      | 2 canitized    |                   |
|                         | Employee Health   |  |          | 18       | IN OUT N/A     | N/O Food separa                             | ted & protected                              | x Samuzeu      |                   |
| 3 IN OUT                | Management, food employee and conditional em  | nployee;   |          |          |                | Time/Tempe                                  | rature Control for                           | Safety         | the land of       |
| 4 IN OUT                | Proper use of restriction & exclusion   |  | +        | 19       | IN OUT N/A     | N/O Proper cooki                            | ng time & temperatu                          | rec            |                   |
| 5 NOUT                  | Procedures for responding to vomiting and diarri  | heal events  |          | 20       | IN OUT N/A     | Tropor cooki                                | ting procedures for                          |                |                   |
|                         | Employees   |  |          | 21       | IN OUT N/A     | Proper coolin                               | g time & temperatur                          |                | X                 |
| 6 (N OUT N/A            | Food Hamiler Cards  | - 49   | -10      | -        | IN OUT N/A     | Proper hot he                               | olding temperatures                          |                |                   |
| 7 OUT N/O               | Good Hygienic Practices  Proper eating, tasting, drinking, or tobacco use                   |  |          |          | IN OUT N/A     | Troper cold i                               | olding temperatures                          |                |                   |
| 10.4                    | No discharge from eyes, nose, and mouth   |  | 411      |          | IN OUT N/A     |   | marking & disposition blic Health Control; p |                | × ×               |
|                         | Preventing Contamination by Hands   | BUSSES.  | 200      | 2.5      |                | Trimo do dir d                              | sumer Advisory                               | iocedures & r  | ecords            |
| 9 IN OUT N/O            | Hands clean & properly washed   |  | 100      | 26       | IN OUT N/A     |   | lvisory provided for                         | raw/undercoo   | ked               |
| 10 IN OUT N/A N/O       | No bare hand contact with RTE foods or pre-app  | roved  | +        |          |                | foods                                       | SERVICE LOSSIFIED                            |                | C.A. S. S. Lee S. |
|                         | alternative procedure properly followed   |  |          |          |                | Highly Su                                   | sceptible Population                         | ons            |                   |
| 1 OUT                   | Adequate handwashing sinks; supplied & access   | ible   |          | 27       | IN OUT N/A     |   | oods used; prohibite                         |                | offered           |
| 12 IN OUT               | Approved Source   |  |          |          | IN OUT N/A     | TT  | itives and Toxic Su                          |                | Dunis Edinia      |
| 13 IN OUT N/A N/O       | Food obtained from approved source Food received at proper temperature                      |  | 3        |          | IN OUT N/A     |   | es: approved & prope                         |                |                   |
| 14 IN OUT               | Food in good condition, safe, & unadulterated   |  | ++       | 29       | 10011111       |   | ces properly identifie with Approved Pro-    |                | sed               |
| 15 IN OUT NA N/O        | Required records available: shellstock tags, para   | site   |          | 30       | IN OUT N/A     | Compliance v                                | vith variance / specia                       |                | s/                |
| Rick factors as         | destruction e important practices or procedures identified as                               | the meet   |          |          |                | HACCP                                       |  |                |                   |
| prevalent contri        | buting factors of foodborne illness or injury. Public                                       | c health   |          | No.      | of Risk Fact   | ors / Intervention Vi                       | olations                                     |                | 2                 |
| interventions ar        | e control measures to prevent foodborne illness of  | or injury.   |          | No.      | of Repeat R    | isk Factors / Interve                       | ntion Violations                             |                | 0                 |
|                         |   | GOOD RE  | TAIL     | PRAC     | CTICES         |   |  |                |                   |
|                         | Good Retail Practices are preventative meas   | ures to control  | the add  | ition of | f pathogens, o | chemicals, and physic                       | al objects into foods.                       |                |                   |
| Mark "X" in box if numb | pered item is not in compliance Mark "X" in a   | appropriate box  |          | S and/   | or R           | COS=corrected on-s                          | ite during inspection                        | R=rep          | eat violation     |
|                         | Safe Food and Water   | cc   | OS R     |          |                | Duane                                       | er Use of Utensils                           | -              | COS R             |
| 31 Pasteur              | ized eggs used where required   |  |          | 44       | In-u           | se utensils: properly                       |  |                |                   |
|                         | k ice from approved source  |  |          | 45       | 117 (4         |   | ens: properly stored,                        | dried & hand   | iled              |
| 33 Varianc              | e obtained for specialized processing methods   |  |          | 46       |                |   | articles: properly sto                       |                |                   |
| Michigan Market         | Food Temperature Control  |  |          | 47       | Glov           | res used properly                           |  |                |                   |
|                         | cooling methods used; adequate equipment for  |  |          |          |                |   | quipment and Vend                            |                |                   |
| 0.5                     | ature control od properly cooked for hot holding  |  |          | 48       |                | d & non-food contact<br>erly designed, cons | t surfaces cleanable                         | 4              |                   |
| 36 Approve              | ed thawing methods used   |  |          | 49       |                |   | nstalled, maintained,                        | & used: test s | trips             |
| 37 Thermo               | meters provided & accurate  |  |          | 50       |                | -food contact surfac                        |  |                |                   |
| 20                      | Food Identification   | THE RELEASE  |          | 15 TO BE |                | Phy   | sical Facilities                             | euse leat      |                   |
| 38 Food pr              | operly labeled; original container  | Salara da la companya |          | 51<br>52 | 1100           |   | le; adequate pressu                          |                |                   |
| 39 Insects              | Prevention of Food Contamination rodents, & animals not present                             | N/   | K        | 53       | T IGH          |   | er backflow devices                          | -              |                   |
| 40                      | nation prevented during food preparation, storage a   | & display  |          | 54       | 0011           | age & waste water per facilities: properly  | constructed, supplie                         | d & cleaned    |                   |
| 41 Persona              | al cleanliness  |  |          | 55       |                |   | rly disposed; facilitie                      |                |                   |
| 4 Viping                | Wiping cloths: properly used & stored 56 Physical facilities installed, maintained, & clean |  |          |          |                |   |  |                |                   |
| 43 Washin               | g fruits & vegetables   |  | Щ        | 57       | Ade            | quate ventilation & li                      | ghting; designated a                         | areas used     |                   |
| Reinspection:           | Yes No Date:  |  |          | No.      | of Good Ret    | ail Practices Violation                     | ons  |                | 1                 |
| Corrective Action       | Yes No Date: U/S//  |  |          |          |                |   | 7  |                |                   |
| Response:               | Yes No Date: 4/7/19   | 7  |          | No.      | of Repeat G    | ood Retail Practices                        | Violations                                   |                |                   |
| -                       | /   | 114 - 114 - 114 - 114  |          |          |                | 1/  | 10000  |                |                   |
| NO PERSONAL PROPERTY.   | - Immediate 5   | Valuete  |          | Pers     | son in Char    | ge: (Signature)                             | 100/10                                       |                |                   |
| Status: (check one)     | Approved Unsatisfactory Immediate Closure   | Voluntary<br>Closure   |          |          | neter (O)      | 1   | _  | Date           | 4/4/19            |
|                         |   |  | G00      | 100      | ector: (Sign   | racure)                                     |  | -              | 47/17             |
| Retail Food Establish   | hment Inspection Report 053017 Final Rev 3.0  | Z  | G001     | 111,     | 3              |   | Exhib  | ıt J           |                   |

|             |  | Fo                | ood Estab         | lishment Ins          | pection Re          | port Pa                       | ge <u> </u> | 2          |
|-------------|--|-------------------|-------------------|-----------------------|---------------------|-------------------------------|-------------|------------|
|             | As Governed by State I<br>NMED Environment He<br>121 Tijeras Ave NE, Alb | alth Bureau       |                   | Establishment Na      |                     | lasn                          | Permit      | #:         |
|             |  |                   | TEMPERA           | TURE OBSER            | VATIONS             |                               |             |            |
|             | Item/Location  | Temp              | item              | /Location             | Temp                | Item/Location                 |             | Temp       |
| Walk        | in looler # 3  | 40°F              |                   |                       |                     |                               |             |            |
| Walk        | in Cooler#2  | 36°F              |                   |                       |                     |                               |             |            |
| Walh        | in Fleezertti  | 8°F               |                   |                       |                     |                               |             |            |
|             |  |                   |                   |                       |                     |                               |             |            |
|             |  |                   |                   |                       |                     |                               |             |            |
|             |  |                   |                   |                       |                     |                               |             |            |
|             |  |                   |                   |                       |                     |                               |             |            |
|             |  |                   |                   | <del> </del>          |                     | $c_{\mathbf{k}_1}$            |             |            |
|             |  | OBS               | ERVATIONS         | AND CORREC            | TIVE ACTION         | IS                            | JA TON      | H QUESTION |
| Item        | Violations cited   | in this report mu | st be corrected v | within the time frame | s below, or as stat | ted in section 8-405.11 of th | e Food Co   | de.        |
| Number      |  |                   |                   |                       |                     |                               |             |            |
| 21          | 25011  | / 0               | 10                | /                     |                     | A                             | -           |            |
| 21          | 3-501.19   |                   |                   |                       |                     | emperature.                   |             |            |
|             | n ten  | a was             | 115               | °F NO V               | verificat.          | on as to how                  | w 600       | -          |
|             |  | the.              | ere 1             | oft on                | the co              | ounter. Corn                  | Por tas     | 7          |
|             | 7  | 7-                | D                 |                       | in or               | out out of the                |             |            |
|             | 0-1  | STR.              | Reass             | were                  | flerow:             | s away.                       |             |            |
| -           |  |                   |                   |                       |                     |                               |             |            |
| 24.         | 2 -01 17   | 1,1               | -11               | - 1 100               | 41 2                | 11 0 1:                       | -           |            |
|             |  |                   |                   |                       |                     | the no fai                    |             |            |
|             | 017  | Dackage           | . Corl            | center as             | site, fr            | chage the                     | own         |            |
|             | a  | was 6             | on h              | Fichen S.             | n sexulson          | 9                             |             |            |
|             | Da   | 1.                | E100 -            | 7 chen s.             | 111000              | + 11.                         | 1           | 713. 1     |
|             | Pa   | ST and N          | n FRE             | es past               | 7000                |                               | 5           |            |
|             |  | Macc              | 4 30 th           | Cotre                 | de as               | site, for a                   | ef i        | i de       |
|             |  | Dast              | e fla             | cown au               | 007                 |                               |             |            |
|             |  | F-31.             |                   |                       | 1                   |                               |             | Te .       |
|             |  |                   |                   |                       |                     |                               |             |            |
| 39          | 6-50/111   | 265               | exved a           | Mouse                 | In Fr               | om behind st                  | aue .       |            |
|             |  |                   |                   | office.               |                     | droppes                       |             |            |
|             |  |                   |                   |                       |                     | 0 /                           |             |            |
|             | 0  | ( Servel          | In dry            | Storage               | axes o              | f Ritchen                     |             |            |
|             | M  | civlenane         | er w              | ocking                | oto an              | munic Label                   |             |            |
|             |  |                   |                   |                       |                     |                               | 0           |            |
|             |  |                   | 01                |                       |                     | uccess to fo                  | 0 900       | -          |
|             | Ca1  | celia             | , tol             | mile,                 | CAR.                |                               |             |            |
|             |  | /                 |                   |                       |                     |                               |             |            |
|             | 117.   | 0/1/1             | 1 1 11            |                       | 41-                 | -1 - 1                        | 11          |            |
|             | 1000   | attache           | 1 15 Th           | ( Cootiac             | that po             | est contr                     | 5/4/        | -          |
|             |  |                   |                   |                       |                     |                               |             |            |
|             | a laght to   |                   |                   |                       |                     |                               |             |            |
| erson in C  | Charge: (Printed)  | 10004             | V THE STATE       | Person In Charge      | e: (Signature)      | VIDAGE                        |             |            |
| nspector: ( | (Dalata d)   |                   |                   |                       |                     | 100h                          |             | 11         |
| iopector. ( | Printed) Ram   | on Oroc           | x                 | Inspector: (Signa     | sture)              |                               | Date:       | 4/4/19     |

|                              | Food Establish   | me          | nt             | Ine     | necti  | on F          | Penort   |                             |             |                    | ~       |
|------------------------------|--|-------------|----------------|---------|--|---------------|--|-----------------------------|-------------|--------------------|---------|
| Establishment Nan            |  | 1110        | ,,,,           | 1113    | pecu   | City          |  | State:                      | Zip C       | ode:               |         |
| Lulm C                       |  |             | -              |         | 0 0  | U.I.y.        |  | WM                          |             | 770                | 7.0     |
| Permit #:                    | Permit Expiration Date: Phone:   | <u>(, i</u> | any            | Ema     |  |               | Frants   | hi.                         |             |                    | 20      |
| 002/60                       | Det 2019   |             | ,              | Ellia   |  |               |  |                             | Est.        | Гуре:              |         |
| AN HERVE                     |  | pose        | e of In        | spec    | tion:  |               |  |                             | Risk Cate   | gory:              |         |
|                              | Governed by State Regulation 7.6.2 NMAC ED Environmental Health Bureau                           | Pre         | -Oper          | ning    | Annu   | al            | <b>∠</b> ⊕omplaint   | Closing                     |             |                    |         |
|                              | Tijeras Ave. NE, Albuquerque NM 87102  |             | ening          |         |  | spectio       |  | CAR                         | Time In:    | 10                 | :46     |
| Aplet Diag                   | ECODPORNE II I NECE DICK FAC   | Oth         |                | ND      |  | Operat        |  | -                           | Time Out:   | 17                 | .41     |
| Circle design                | FOODBORNE ILLNESS RISK FAC<br>nated compliance status (IN, OUT, N/O, N/A) for each numbered      |             |                | טאו     | PUBLIC   | HEA           |  |                             |             | ALC: SALE          |         |
| IN=in compliance             |  |             | pplicab        | le      |  | CO            | Mark "X" in app<br>S=corrected on-site du  | propriate box for           |             | or R<br>repeat vic | lation  |
|                              | Compliance Status  |             | R              |         |  |               | Hardware Control of the Control of t | nce Status                  | - 11-       | repeat vic         | COS R   |
| Market Carl                  | Supervision  |             |                |         |  |               | Protection from  |                             |             |                    |         |
| 1 NOUT                       | Person in charge present, demonstrates knowledge, and performs duties                            |             |                | 16      | IN OUT   |               | Proper disposition reconditioned, & ur   |                             | eviously se | erved,             |         |
| 2 NOUT N/A                   | Certified Food Protection Manager  | +           | $\Box$         | 17      | N OUT N  | /A            | Food-contact surfa   |                             | sanitized   |                    |         |
| A Design To the last         | Employee Health  | //          |                |         | N OUT N  |               | Food separated &   |                             | · commized  |                    |         |
| 3 ANDOUT                     | Management, food employee and conditional employee;<br>knowledge, responsibilities and reporting |             |                |         | nach (Sail)  | 100 pm        | Time/Temperature   | Control for S               | Safety      |                    | STORY T |
| 4 IN OUT                     | Proper use of restriction & exclusion  |             | +              | 10      | IN OUT N   | I/A N/O       | Proper cooking tim   |                             |             |                    |         |
| 5 IN OUT                     | Procedures for responding to vomiting and diarrheal event  | s           | $\Box$         | 20      | IN DUT N   |               | Proper reheating p   |                             |             |                    |         |
| misalen hy                   | Employees  |             |                | 21      | IN OUT N   |               | Proper cooling time  |                             |             |                    |         |
| 6 IN OUT N/A                 | Food Handler Cards   |             |                |         |  |               | Proper hot holding   |                             |             |                    |         |
| 7 NOUT N/O                   | Good Hygienic Practices  | 7           |                |         | IN OUT N   |               | Proper cold holding  |                             |             |                    |         |
| 7 IN OUT N/O                 | Proper eating, tasting, drinking, or tobacco use   | +           | +              |         | N TUO(N)   |               | Proper date markin   |                             |             |                    |         |
| 8 10.001 10.0                | No discharge from eyes, nose, and mouth Preventing Contamination by Hands                        |             |                | 25      | any zoor is  | IIA NIO       | Time as a Public He  | ealth Control; por Advisory | rocedures   | & records          |         |
| 9 NO TUCIN 9                 | Hands clean & properly washed  | Т           |                | 26      | IN OUT N   | <b>A</b>      | Consumer advisory  |                             | aw/underc   | ooked              | T       |
| 10 NOUT N/A N/O              | No bare hand contact with RTE foods or pre-approved  |             | $\blacksquare$ | 20      | IN OUT M   | יליי <u>י</u> | foods  |                             |             |                    |         |
|                              | alternative procedure properly followed  | -           |                | 16/2    | and the same of th |               | Highly Suscept   |                             |             |                    |         |
| 11 IN OUT                    | Adequate handwashing sinks; supplied & accessible  Approved Source                               | _           |                | 27      | IN DUT N   |               | Pasteurized foods  |                             |             | t offered          |         |
| 12 NOUT                      | Food obtained from approved source   | Т           |                | 29      | NOUT N   |               | od/Color Additives   |                             | 70.00       |                    |         |
| 13 IN OUT N/A N/O            | Food received at proper temperature  | +-          |                |         | IN OUT N   |               | Food additives: app<br>Toxic substances pr   |                             |             | beau 3             |         |
| 14 N DUT                     | Food in good condition, safe, & unadulterated  |             |                | 20      |  |               | Conformance with A   |                             |             | x useu             |         |
| 15 IN OUT NA N/O             | Required records available: shellstock tags, parasite destruction                                |             |                | 30      | N DUT N  | /A            | Compliance with va   | riance / specia             | alized proc | ess /              |         |
| Risk factors a               | re important practices or procedures identified as the most                                      |             | ш              | -       |  |               | MACCP  |                             |             |                    |         |
| prevalent contri             | ibuting factors of foodborne illness or injury. Public health                                    |             |                | No.     | of Risk Fa   | actors /      | Intervention Violation   | 1S                          |             | 0                  |         |
| interventions at             | re control measures to prevent foodborne illness or injury.                                      |             |                | No.     | of Repea   | t Risk F      | actors / Intervention  | Violations                  |             | _ 0                | )       |
|                              | GOOD   | RET         | TAIL           | PRA     | CTICES   |               |  |                             |             |                    |         |
|                              | Good Retail Practices are preventative measures to con   | trol th     | he add         | ition o | f pathogen   | s, chemi      | cals, and physical obje  | cts into foods.             | -           |                    |         |
| Mark "X" in box if numl      | bered item is not in compliance Mark "X" in appropriate  |             | or CO          | Sand    | /or R  | cos           | =corrected on-site duri  | ing inspection              | R=          | epeat vio          |         |
|                              | Safe Food and Water  | COS         | , R            |         | Harry III  | 10-01-        | Proper Hea   | of Utensils                 |             |                    | COS R   |
| 31 Pasteu                    | rized eggs used where required   |             |                | 44      | l In   | -use ut       | ensils: properly stored  |                             |             | 1000000            |         |
| 32 Water 8                   | & ice from approved source   |             |                | 45      | .   ""   |               | equipment & linens: p  |                             | dried, & ha | indled             |         |
| 33 Variano                   | ce obtained for specialized processing methods   |             |                | 46      | S S  |               | e/single-service article   |                             |             |                    |         |
|                              | Food Temperature Control   |             |                | 47      | 7 G  | loves u       | sed properly   |                             |             |                    |         |
|                              | cooling methods used; adequate equipment for   |             |                |         | 1 1-   |               | Utensils, Equipm   |                             |             | the party of       |         |
|                              | ature control add properly cooked for hot holding  |             |                | 48      | ,  |               | on-food contact surfa<br>designed, constructed   |                             | 1.          |                    |         |
|                              | ed thawing methods used  | +           |                | 49      |  |               | hing facilities: installe  |                             | & used tos  | t etrine           |         |
|                              | ometers provided & accurate  |             |                | 50      |  |               | contact surfaces cle   |                             | _ 4004, 168 | . ourpa            |         |
| Religio de 1855              | Food Identification  |             |                |         |  | 100           | Physical   | Facilities                  |             | AS IN COLUMN       | (in the |
| 38 Food p                    | roperly labeled; original container  |             |                | 51      | 111  | ot & col      | d water available; add   | equate pressui              | re          |                    |         |
| 39 Insects                   | Prevention of Food Contamination   | h           |                | 52      |  |               | installed; proper bac  |                             |             |                    |         |
| 10                           | rodents, & animals not present<br>ination prevented during food preparation, storage & display   | X           |                | 53      | .   "  | -             | waste water proper   |                             | ٠ - ٥ - ١   |                    |         |
| Contain                      | al cleanliness   |             |                | 55      |  |               | ilities: properly constr<br>& refuse properly dis  |                             |             |                    |         |
| 40                           | cloths: properly used & stored   |             |                | 56      | .  | -             | acilities installed, ma  |                             |             | Ju                 |         |
| 40                           | g fruits & vegetables  |             |                | 57      |  |               | ventilation & lighting   |                             |             |                    |         |
| Reinspection:                | Yes No Date:   |             |                | No      |  |               | actices Violations   |                             | T           |                    |         |
| Corrective Action            |  |             |                | INO.    | 01 G000 F  | ciali Pi      | actices violations   |                             |             | 1                  |         |
| Response:                    | Yes No Date:   |             |                | No.     | of Repeat  | Good F        | Retail Practices Viola   | tions                       |             | 0                  |         |
|                              |  |             |                |         |  |               |  | -                           |             |                    |         |
| To the state of the state of |  |             |                | Per     | son in Ch  | arge: (3      | Signature)   |                             | >           |                    |         |
| Status: (check one)          | Approved Unsatisfactory Immediate Volum Closure Closure  |             |                |         |  |               | 1  |                             |             | ato:               | 11.     |
| Modern Control               |  | ui e        |                | Insp    | ector: (S  | ignature      | ) /~   |                             | Da          | ate: 4             | 14119   |

|                |   | Foo                   | d Establishment Ir                | spection Rep            | ort Page 7   | of Z   |
|----------------|---|-----------------------|-----------------------------------|-------------------------|--|--|
|                | As Governed by State R<br>NMED Environment Hea<br>121 Tijeras Ave NE, Alb | alth Bureau           | l each.                           | Name:                   | 105 R  | oz/60  |
|                |   |                       | TEMPERATURE OBSE                  | RVATIONS                | Charles and the Control of the Contr |  |
|                | Item/Location   | Temp                  | Item/Location                     | Temp                    | Item/Location  | Temp   |
| Beaf           |   | 137°F                 |                                   |                         |  |  |
| Bens           | 5   | 141°F                 |                                   |                         |  |  |
| Ht             | H-/d+n4   | 168°F                 |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
|                |   |                       | RVATIONS AND CORRI                |                         |  |  |
| Item<br>Number | Violations cited i  | in this report must t | be corrected within the time frai | nes below, or as stated | d in section 8-405.11 of the Foo   | od Code.   |
| 39             | 6501.112  | - Glue                | trap had                          | 4 mice o                | o it. Glee   |  |
| ,              | 10  |                       | on B. Corpe                       | the 1.T.                | i clas I w   |  |
|                | 7 1   | ap wa                 | 1 (Scaler 11)                     | TI T                    | 1 (6) 201 10   |  |
|                | <i>d</i> :  | hing Ko               | on B. Corpe                       | Me Sile e               | Give trap  |  |
|                | 6295  | Genalice              | I and Kypland                     | with a r                | new tory,  |  |
|                |   |                       |                                   |                         |  |  |
|                | 11+   | D \ 1                 |                                   |                         |  |  |
|                | Nob.  | PKS                   | Sometimes fly                     | of the                  | dring acea   |  |
|                | Stay  | ff act                | 11                                |                         | as possible.   | and  |
|                | 1.1100  | 0 -                   | any access                        |                         |  | 7. 1   |
|                | 2100  | a sw 17               | 11 to 1                           | 1 1/2                   | and ar detice  | de la constantina della consta |
| -              | Mic   | e ente                | the Freilis                       | y in this               | ugh the wat  |  |
|                | Clo   | set, A                | Contract we                       | IL PDI                  | will be pro  | vided.   |
|                |   |                       |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
|                | X   |                       |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
| - 3            |   |                       |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
|                | - W   |                       |                                   |                         |  |  |
|                |   |                       |                                   | , ,                     |  |  |
|                |   |                       |                                   |                         |  |  |
|                |   |                       |                                   |                         |  |  |
|                |   |                       | (4)                               |                         | 7 1 1 1 1 1  |  |
|                |   |                       |                                   | 1 11/2                  | /  |  |
| erson in C     | harge: (Printed)  | anchez                | Person In Cha                     | rge: (Signature)        | 5  |  |

Inspector: (Signature)

Date: 4

Inspector: (Printed)

### Page 5 of 8

| Warden: |
|---------|
| l: Leon |
| Martine |

EID: Corrective Action Plan Form

### Deputy Warden Leon Martinez

# SECTION 1: GENERAL INFORMATION

| Submitted By: Arthur Sanchez FSSO Officer, Physical Plant Manager Almanza C. | Facility: WNMCF |
|--|-----------------|
|  | Date o          |

| Date of Inspection: |  |
|---------------------|--|
| 4/4/19              |  |
|                     |  |

Grants NM

Area or Department: Maintenance WNMCF

### 6-501.111 Number **SECTION 2: CORRECTIVE ACTION PLAN** Item# Code stove then back to stack Sanchez observed mice area, possible area where near stack area towards run out from prep table Mr. Orona EID and FSSO access to roof. in stack area gaining mice can travel and nest the stack that goes to roof Observed a mouse run from the prep table with Areas/Topics Monitored Non-Compliant Physical Plant/Maintenance Person(s) Responsible for Corrective Action the stack and covering any started work on removing ceiling penetrations. personal immediately Almanza and maintenance Physical plant manager Corrective Action correct date to deadline **EID** Orona 4/8/19 per Completion Target Date Completion Date **Extended Target** Completion Date

### ZG001117

|  |  |                    |                         |                         | 2                        | 6501.11                          |
|--|--|--------------------|-------------------------|-------------------------|--------------------------|----------------------------------|
|  |  |                    | occurance in this area. | mice deceased, repeat   | water closet with caught | 6501.11 Glue trap in B-Dining in |
|  |  |                    |                         |                         |                          | FSSO Sanchez A.                  |
|  |  | Supervisor Miss H. | new one by Summit       | removed and placed with | area and the trap was    | FSSO Sanchez checked on          |
|  |  |                    |                         |                         |                          | 4/4/19                           |
|  |  |                    |                         |                         |                          | N/A                              |
|  |  |                    |                         |                         |                          | 4/4/19                           |

**SECTION 2: CORRECTIVE ACTION PLAN** 

Warden: Leon Martinez

## Deputy Warden Leon Martinez

### Submitted By: Arthur Sanchez FSSO Officer, Summit Berleen Estevan Facility: WNMCF SECTION 1: GENERAL INFORMATION

Date of Inspection:

### 501.17 Number 3-501.14 Code sitting on counter 3/30/19 and 4/1/19 still in deep pans of spaghetti date on open package. 2 Supervisor Loera's of beans and immediately Sanchez observed the pan Mr. Orona EID and FSSO on how long they were degrees, no verification cooler no disposed of yet. pasta with past dates of informed Summit uncovered. left on counter. 115 Whole deep tray of beans Tortillas in cooler #2 no **Areas/Topics Monitored** Non-Compliant Summit Staff Summit Staff Person(s) Responsible for Corrective Action Summit Supervisor Loera threw away the pan of beans immediately Summit Supervisor Loera immediately threw away both pans **Corrective Action** 4/4/19 4/4/19 Completion Target Date **Completion Date Extended Target** N/A 4/4/19 4/4/19 Completion

# Area or Department: Food Service Grants NM

**ZG001119** 

| <br>  |
|---|
|   |
| Mr. Orona EID and FSSO Sanchez observed the pans sitting in the cooler past their disposal date Mr. Orona informed Summit Supervisor Loera immediately. |
|   |
|   |
|   |
|   |
|   |